

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097646897 FILING DATE

CLAIMS					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/				
2	/		/		
3	/		/		
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48					
49					
50					
TOTAL IND.	/	-	/	-	-
TOTAL DEP.	2	-	2	-	-
TOTAL CLAIMS	27	1	29		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS